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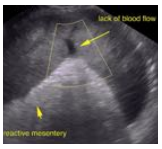
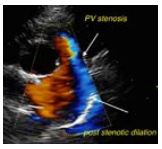
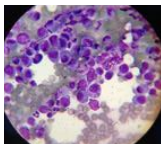
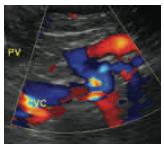

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Swiss Jeffrey

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

13 years

WEIGHT

61.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

31011

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: For the past couple months, pt has been drinking more and urinating more, getting progressively worse. Pt has also had an increased appetite. On PE: pt abd distended. cbc/chem/ua pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 5.0 cm. Blood flow to the kidneys appeared to be adequate on power Doppler assessment.

Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** appeared normal to subjectively volume contracted. A focal, hypoechoic splenic nodule was noted and measured 1.3 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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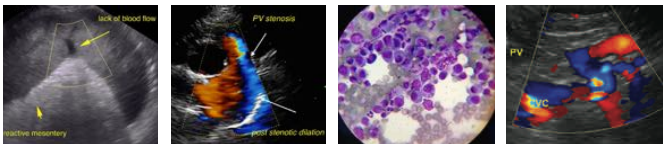

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Gastrointestinal

There was some **gastric** stasis noted, yet the small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

The iliac lymph nodes are unremarkable.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

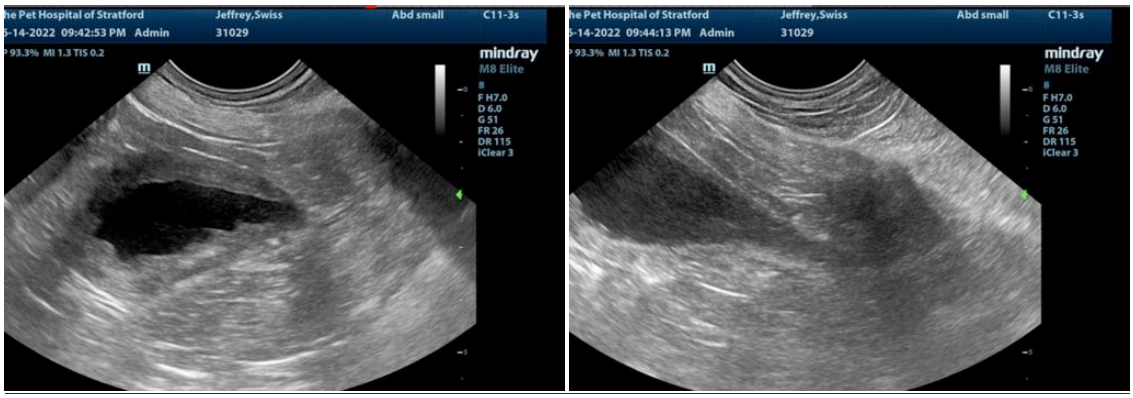
Chronic cystitis bladder pattern.

Minor gastric stasis.

Splenic nodule. Differentials include hyperplasia, round cell neoplasia or emerging carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected in this patient then further imaging of the right adrenal would be indicated under sedation. FNA of the splenic nodule is indicated.



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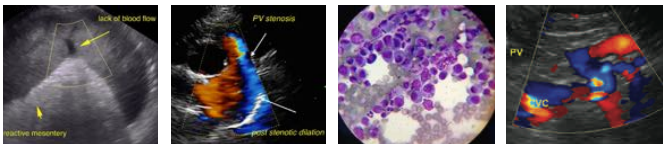

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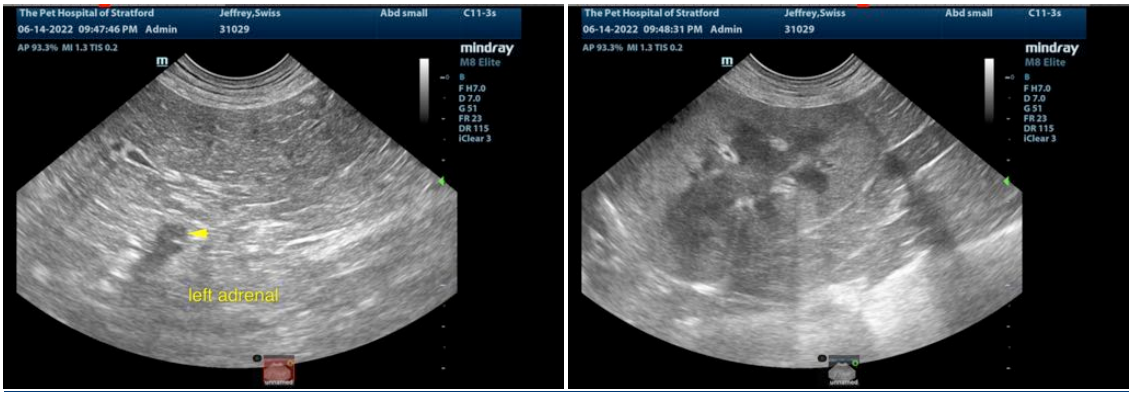

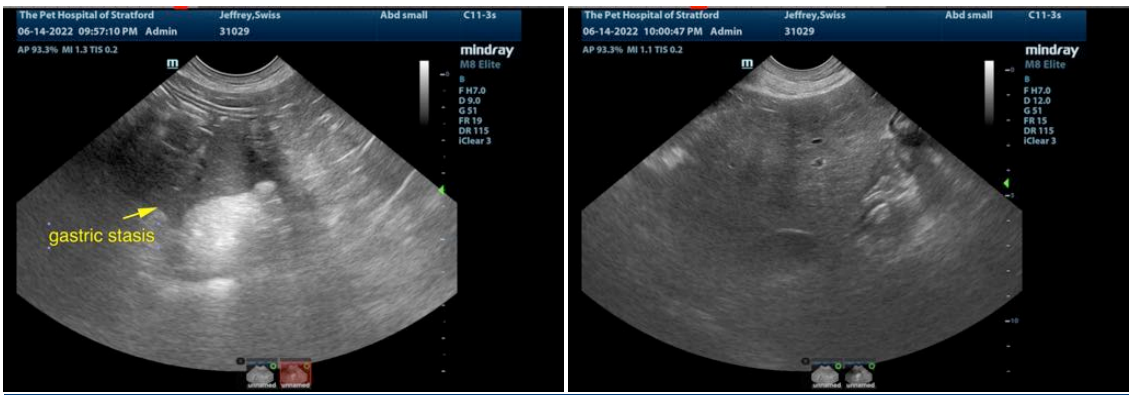

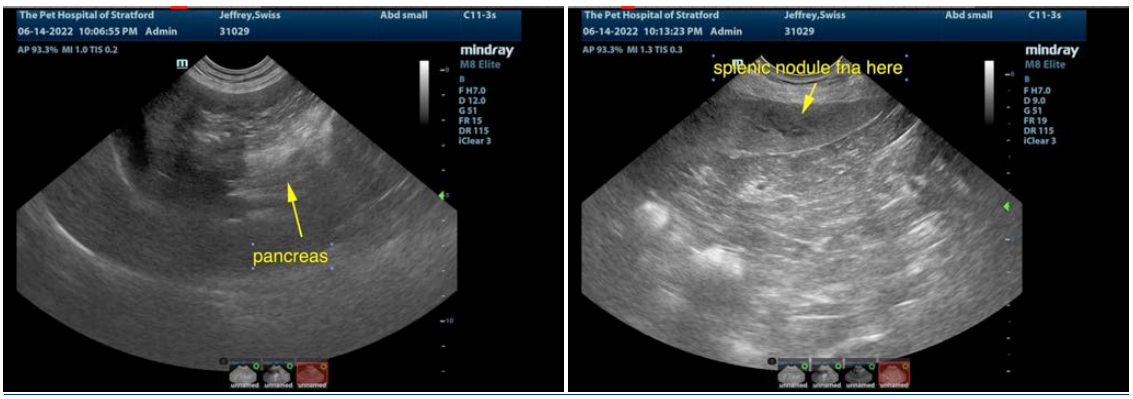

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com